

**DECLARATION  
AND POWER OF ATTORNEY**

ATTORNEY'S DOCKET NO.  
D-21413

As a below named inventor, I declare that I have reviewed and understand the contents of the specification, including the claims, as amended by any amendment specifically referred to in this Declaration, that the information given herein is true, that I believe that I am the original, first and sole inventor if only one name is listed at 201 below, or a joint inventor if plural inventors are named below at 201 et seq., of the invention entitled:

## CRYOCOOLER SYSTEM WITH FREQUENCY MODULATING MECHANICAL RESONATOR

which is described and claimed in:

the attached specification or  
 the specification in application Serial No. \_\_\_\_\_ filed \_\_\_\_\_ amended \_\_\_\_\_  
(for declaration not accompanying application) (Day, Month, Year) (Day, Month, Year)

that I acknowledge a duty to disclose information I am aware of which is material to the patentability of this application in accordance with 37 CFR 1.56(a), that I do not know and do not believe that the same was ever known or used in the United States of America before my or our invention thereof or patented or described in any printed publication in any country before my or our invention thereof, or more than one year prior to this application, or in public use or on sale in the United States of America more than one year prior to this application, that the invention has not been patented or made the subject of an inventor's certificate issued before the date of this application in any country foreign to the United States of America on an application filed by me or my legal representatives or assigns more than twelve months prior to this application and that as to applications for patent or inventor's certificate filed by me or my legal representatives or assigns in any country foreign to the United States of America, the earliest filed foreign application(s) filed within twelve months prior to the filing date of this application and all foreign applications filed more than twelve months prior to the filing date of this application are identified at 600, and, as required, 601 below.

**CHECK APPROPRIATE BOX:**

**600**

No earlier-filed applications

Required information as to foreign applications filed prior to filing date of this application is at 601 on page 2 attached hereto and made a part hereof.

**POWER OF ATTORNEY:** As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (*List name and registration number*)

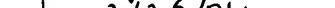
Donald T. Black Reg. No. 27999 David M. Rosenblum Reg. No. 29341  
Gerald L. Coon Reg. No. 29910 Iuri E. Schwartz Reg. No. 43909  
Stanley Ktorides Reg. No. 29399 Steven T. Trinker Reg. No. 28274

SEND CORRESPONDENCE TO:	DIRECT TELEPHONE CALLS TO:
PRAXAIR TECHNOLOGY, INC. Law Department M1-557 39 Old Ridgebury Road Danbury, CT 06810-5113	Stanley Ktorides (203) 837-2178

201	FULL NAME OF INVENTOR <b>ACHARYA</b>	LAST NAME <b>ACHARYA</b>	FIRST NAME <b>ARUN</b>	MIDDLE NAME	
RESIDENCE & CITIZENSHIP	CITY <b>East Amherst</b>	STATE OR FOREIGN COUNTRY <b>New York</b>		COUNTRY OF CITIZENSHIP <b>USA</b>	
POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>85 Twilight Lane</b>	CITY <b>East Amherst</b>	STATE OR COUNTRY <b>New York</b>	ZIP CODE <b>14151</b>	
202	FULL NAME OF INVENTOR <b>ARMAN</b>	LAST NAME <b>ARMAN</b>	FIRST NAME <b>BAYRAM</b>	MIDDLE NAME	
RESIDENCE & CITIZENSHIP	CITY <b>Grand Island</b>	STATE OR FOREIGN COUNTRY <b>New York</b>		COUNTRY OF CITIZENSHIP <b>USA</b>	
POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>16 The Commons</b>	CITY <b>Grand Island</b>	STATE OR COUNTRY <b>New York</b>	ZIP CODE <b>14072</b>	
203	FULL NAME OF INVENTOR <b>FITZGERALD</b>	LAST NAME <b>FITZGERALD</b>	FIRST NAME <b>RICHARD</b>	MIDDLE NAME <b>C.</b>	
RESIDENCE & CITIZENSHIP	CITY <b>Grand Island</b>	STATE OR FOREIGN COUNTRY <b>New York</b>		COUNTRY OF CITIZENSHIP <b>USA</b>	
POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>5221 East Park Drive</b>	CITY <b>Grand Island</b>	STATE OR COUNTRY <b>New York</b>	ZIP CODE <b>14072</b>	
300	<input checked="" type="checkbox"/> Additional matter on page <u>2</u> attached hereto and made a part hereof. When page <u>2</u> is used, all signatures must be signed on pages <u>2-3</u> . List of Applicants continued on page 2 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statement and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application of any patent issuing thereon.

application of any patent issuing thereon.

SIGNATURE OF INVENTOR 201 	SIGNATURE OF INVENTOR 202 	SIGNATURE OF INVENTOR 203 
DATE 3-26-04	DATE 3/26/04	DATE 26 MARCH 2004

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AND POWER OF ATTORNEY**  
**Original Application**  
**Page 2 (If Required)**

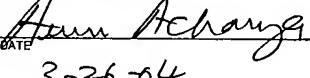
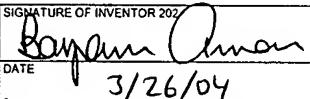
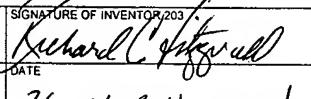
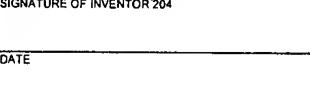
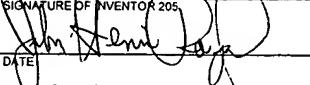
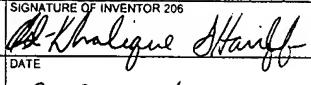
ATTORNEY'S DOCKET NO.  
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601	LISTING OF EARLIEST FOREIGN APPLICATION(S), IF ANY, FILED WITHIN 12 MONTHS PRIOR TO THE U.S. FILING DATE OF THIS APPLICATION. LIST ALL APPLICATIONS FILED ON DATE OF FIRST FILING, IF MORE THAN ONE (1).			
	COUNTRY	APPLICATION NUMBER	DATE OF FILING (DAY, MONTH, YEAR)	PRIORITY OF WHICH IS CLAIMED UNDER 35 USC 119
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
Listing of All Foreign Applications Filed, if any, MORE THAN TWELVE MONTHS PRIOR, to U.S. Filing Date of this Application.				
	COUNTRY	APPLICATION NUMBER	DATE OF FILING (DAY, MONTH, YEAR)	

LISTING OF APPLICANTS - continued from Page 1.

204	FULL NAME OF INVENTOR	LAST NAME	FIRST NAME	MIDDLE NAME
		VOLK	JAMES	JOSEPH
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	Clarence	New York	USA	
POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY	ZIP CODE
	4384 Homestead Lane	Clarence	New York	14031
205	FULL NAME OF INVENTOR	LAST NAME	FIRST NAME	MIDDLE NAME
		ROYAL	JOHN	HENRI
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	Grand Island	New York	USA	
POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY	ZIP CODE
	102 Settlers Row	Grand Island	New York	14072
206	FULL NAME OF INVENTOR	LAST NAME	FIRST NAME	MIDDLE NAME
		HAMILTON	AL-KHALIQUE	SHARIFF
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	Grand Island	New York	USA	
POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY	ZIP CODE
	2233 Bedell Road, Apt. #10	Grand Island	New York	14072

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 201  DATE 3-26-04	SIGNATURE OF INVENTOR 202  DATE 3/26/04	SIGNATURE OF INVENTOR 203  DATE 26 MARCH 2004
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FOR SOLE AND JOINT APPLICATIONS

**DECLARATION  
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Original Application  
Page 3 (If Required)

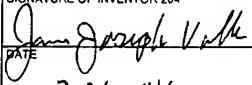
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601	LISTING OF EARLIEST FOREIGN APPLICATION(S), IF ANY, FILED WITHIN 12 MONTHS PRIOR TO THE U.S. FILING DATE OF THIS APPLICATION. LIST ALL APPLICATIONS FILED ON DATE OF FIRST FILING, IF MORE THAN ONE (1).			
	COUNTRY	APPLICATION NUMBER	DATE OF FILING (DAY, MONTH, YEAR)	PRIORITY OF WHICH IS CLAIMED UNDER 35 USC 119
				<input type="checkbox"/> YES <input type="checkbox"/> NO
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				<input type="checkbox"/> YES <input type="checkbox"/> NO
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	COUNTRY	APPLICATION NUMBER	DATE OF FILING (DAY, MONTH, YEAR)	

LISTING OF APPLICANTS - continued from Page 1.

204	FULL NAME OF INVENTOR	LAST NAME <b>VOLK</b>	FIRST NAME <b>JAMES</b>	MIDDLE NAME <b>JOSEPH</b>
	RESIDENCE & CITIZENSHIP	CITY <b>Clarence</b>	STATE OR FOREIGN COUNTRY <b>New York</b>	COUNTRY OF CITIZENSHIP <b>USA</b>
	POST OFFICE ADDRESS	<b>4384 Homestead Lane</b>	CITY <b>Clarence</b>	STATE OR COUNTRY <b>New York</b>
205	FULL NAME OF INVENTOR	LAST NAME <b>ROYAL</b>	FIRST NAME <b>JOHN</b>	MIDDLE NAME <b>HENRI</b>
	RESIDENCE & CITIZENSHIP	CITY <b>Grand Island</b>	STATE OR FOREIGN COUNTRY <b>New York</b>	COUNTRY OF CITIZENSHIP <b>USA</b>
	POST OFFICE ADDRESS	<b>102 Settlers Row</b>	CITY <b>Grand Island</b>	STATE OR COUNTRY <b>New York</b>
206	FULL NAME OF INVENTOR	LAST NAME <b>HAMILTON</b>	FIRST NAME <b>AL-KHALIQUE</b>	MIDDLE NAME <b>SHARIFF</b>
	RESIDENCE & CITIZENSHIP	CITY <b>Grand Island</b>	STATE OR FOREIGN COUNTRY <b>New York</b>	COUNTRY OF CITIZENSHIP <b>USA</b>
	POST OFFICE ADDRESS	<b>2233 Bedell Road, Apt. #10</b>	CITY <b>Grand Island</b>	STATE OR COUNTRY <b>New York</b>

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DATE	DATE	DATE
SIGNATURE OF INVENTOR 204 	SIGNATURE OF INVENTOR 205	SIGNATURE OF INVENTOR 206
DATE <u>3-24-04</u>	DATE	DATE

FOR SOLE AND JOINT APPLICATIONS